

X2016-1734

PRINTED: 09/06/2016
FORM APPROVED

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98188		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>A state psychiatric hospital licensing survey was conducted at Cascade Behavioral Hospital on 8/23/2016 - 8/25/2016 by Valerie Walsh, RN, MS; and Alex Giel, REHS, PHA.</p> <p>ASE #9J9911</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <ul style="list-style-type: none"> The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent recurrence; HOW you will monitor for recurrence; and WHEN the correction will be completed. <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of correction must be postmarked by 9/22/2016.</p> <p>4. Return the ORIGINAL REPORTS with the required signatures.</p>	
L 420	<p>322-040.1 ADMIN-ADOPT POLICIES</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This WAC is not met as evidenced by: Item #1: Active Treatment Policy</p>	L 420		

By signing, I understand these findings and agree to correct as noted:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Michael J. ...

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TITLE

CEO

(X6) DATE

9/27/2016

If continuation sheet 1 of 13

Washington State Department of Health

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L 420	<p>Continued From Page 1</p> <p>Based on interviews and document reviews the administration failed to develop policy which would provide for the same amount of active treatment to all patients.</p> <p>Failure to do so placed certain patients at risk for lack of potential improvement.</p> <p>Findings:</p> <p>On 8/23/2016 between 9:30 - 10:00 AM Surveyor #1 reviewed the patient treatment schedules with the Nurse Administrator for Chemical Dependency (Staff Member #1) and the Chief Nursing Officer (Staff Member #2). The surveyor found that on the Gero-Psych unit active treatment was scheduled for 4-1/2 hours Monday through Friday, but decreased to 1-3/4 hours on Saturday and Sunday. The surveyor requested a policy regarding active treatment, but the facility was unable to provide one.</p> <p>On 8/23/2016 at 2:00 PM Surveyor #1 interviewed the Director of Social Services (Staff Member #3), who designed the schedules. S/he explained that s/he wanted to schedule more treatment sessions for this unit on weekends, but had not done so yet.</p> <p>Item #2: Policies for Operation and Maintenance of the Hospital</p> <p>Based on interview, the governing body failed to meet the requirements of WAC 246-322 due to the following:</p> <ol style="list-style-type: none"> 1. Failure to ensure staff were using disinfectants to clean high touch surfaces. 2. Failure to ensure storage of medical supplies in a manner that protected supplies from 	L 420		

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L 420	<p>Continued From Page 2</p> <p>contamination.</p> <p>3. Failure to ensure that certain cabinets and doors were locked to prevent patient access to off limit supplies and rooms.</p> <p>4. Failure to keep chairs in good repair with cleanable surfaces.</p> <p>5. Failure to provide and/or maintain mechanical or natural ventilation sufficient to remove odors, condensation and excessive heat from all habitable rooms in the facility.</p> <p>6. Failure to provide shelving in housekeeping closets for supplies and chemicals.</p> <p>7. Failure to vent housekeeping closets to the out-of-doors</p> <p>8. Failure to provide a safe, clean, and sanitary environment to store medical test site equipment.</p> <p>9. Failure to provide a well-ventilated area for soiled laundry. (THIS IS A REPEAT CITATION).</p> <p>Due to the scope and severity of the deficiencies cited under WAC 246-322 related to the physical environment it was determined that the governing body is not meeting its oversight obligations.</p> <p>Cross reference: Tag 0710, 0780, 0825, 0795, 1480, and 1555.</p>	L 420		
L 710	<p>322-100.1D INFECT CONTROL-PHYS ENVIRON</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide</p>	L 710		

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L 710	<p>Continued From Page 3</p> <p>infection control program, which includes at a minimum: (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases;</p> <p>This WAC is not met as evidenced by:</p> <p>Item #1: Cleaning and Disinfection</p> <p>Based on observation, review of hospital's policy and manufacturer's instructions for use, the hospital staff failed to use a disinfectant when wiping down high touch surfaces and/or did not follow manufacturer's instruction for use when using the approved disinfectant.</p> <p>Failure to follow manufacturer's instructions for use and not using a disinfectant for high touch surfaces places patients and staff at risk for infection/illness.</p> <p>Reference: Purell Hand Sanitizer Wipes manufacturer's label stated that the wipes were intended for use in helping reduce bacteria on the skin.</p> <p>Reference: using approved AOAC test methods under Good Laboratory Practices, in the presence of 400-ppm hard water, 10% serum load and 10-minute contact time . . .</p> <p>Reference: Virex 256 manufacturer's label stated that in the presence of 400-ppm hard water, 10% serum load and 10-minute contact time...</p> <p>Findings:</p> <p>1. In review of facility policy titled, "Daily Cleaning of Patient Area" Procedure VII read in part: "Wipe the following with Virex 256 disinfectant solution:</p>	L 710		

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L 710	<p>Continued From Page 4</p> <p>Door jambs, knobs hinges... "</p> <p>2. On 8/23/2016 at 9:30 AM Surveyor #2 observed a housekeeper (Staff Member #5) during a daily cleaning of a patient room apply "Virex 256 disinfectant solution" on a patients hand sink then proceeded to wipe it off with a dry cloth. The housekeeper did not allow 10-minute contact time as required per manufacturer's instruction for use.</p> <p>3. On 08/23/2016 at 10:00 AM Surveyor #2 observed a housekeeper (Staff Member #4) during a daily cleaning of a patient room, wipe down the patient's door handle with an alcohol based product "Purell Hand Sanitizer Wipes". This product's intended use is for hands and not considered a disinfectant.</p> <p>Item #2: Safe Storage of Medical Supplies</p> <p>Based on observation, the facility failed to ensure that medical supplies were stored in a manner that protected supplies from contamination during storage.</p> <p>Failure to store medical supplies safely increases the risk of cross contamination.</p> <p>Findings:</p> <p>On 8/24/2016 between the hours of 9:00 AM and 11:00 AM Surveyor #2 observed in the soiled utility room, pre-packaged Urinary Test Kits stored in an open box underneath a previously used "suicide jacket". Also in the same room test kits were displayed on a table next to an air freshener spray can.</p>	L 710		

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L 780	Continued From Page 5	L 780		
L 780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This WAC is not met as evidenced by: Item #1: Safe Environment Based on observation the facility failed to take preventable measures to keep patients safe from harm to self and others. Failure to maintain a safe environment places patients and staff at risk from harm to self and others. Findings: 1. On 8/23/2016 between the hours of 9:30 AM and 11:00 AM surveyor #2 observed cabinets in patient areas. Surveyor #2 observed one cabinet labeled "office supplies", which had a lock that was malfunctioning, allowing patients to have access to supplies. 2. On 8/24/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 checked the doors on 2 North to ensure that patients did not have access to areas that were off limits. During the checks, Surveyor #2 was able to open the door to the employee breakroom and the laundry room where detergents were stored on the floor. Item #2: Clean Environment Based on observation the facility failed to maintain a clean environment in patient areas. Failure to provide a clean environment places	L 780		

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L 780	<p>Continued From Page 6</p> <p>patients at risk for environmental exposures.</p> <p>Findings:</p> <p>On 8/23/2016 between the hours of 1:30 PM and 3:00 PM Surveyor #2 observed chairs in the dining area that were torn, soiled and had food debris accumulating under the cushions.</p>	L 780		
L 795	<p>322-120.4 VENTILATION</p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms; This WAC Is not met as evidenced by:</p> <p>Based on observation, the facility failed to provide and/or maintain mechanical or natural ventilation sufficient to remove odors, condensation and excessive heat from all habitable rooms in the facility.</p> <p>Failure to provide and/or maintain ventilation places patients and staff at an undue risk of environmental exposures.</p> <p>Findings:</p> <p>1. On 8/23/2016 between the hours of 9:30 AM and 11:00 AM Surveyor #2 observed heavy condensation and no ventilation in the shower room on 3 West located at the end of the hall. On 8/24/2016 between the hours of 9:30 AM and 11:00 AM Surveyor #2 observed 3 more showers with heavy condensation and no ventilation, and 1 of the shower curtains contained black mold.</p>	L 795		

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L 795	<p>Continued From Page 7</p> <p>2. On 8/23/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 observed a strong urine smell outside patient room 221 on 2 North. Surveyor #2 requested that the room be cleaned. Surveyor #2 returned on 8/24/2016 between the hours of 9:30 and 11:00 AM and noticed that the patient was not in the room, the room appeared to be cleaned, but still had a strong urine smell.</p> <p>3. On 8/23/2016 between the hours of 1:30 PM and 3:00 PM Surveyor #2 entered an outpatient building (PHP Building) where patients were having group sessions. The room was very hot; the surveyor noticed that the dial on the thermostat had reached the maximum temperature of 80 degrees on the scale.</p> <p>4. On 8/24/2016 between the hours of 1:30 PM and 3:00 PM surveyor #2 interviewed the facility plant manager (Staff Member #6) regarding the ventilation issues that the facility seemed to be having. The surveyor discovered that the exhaust fan for 3 West was in repair and had not been returned and replaced. The facility also had had a fire in the HVAC system in the outpatient building (PHP). The roof was replaced but the facility had decided to cap off the ventilation system and not replaced the HVAC system on the roof.</p>	L 795		
L 825	<p>322-120.8B HOUSEKEEPING CLOSETS</p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (8) Provide housekeeping and service facilities on each floor, including: (b) Housekeeping closets: (i) Equipped with shelving; (ii) Ventilated to the out-of-doors; and (iii) Kept locked; This WAC is not met as evidenced by:</p>	L 825		

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L 825	<p>Continued From Page 8</p> <p>Based on observation the facility failed to provide housekeeping closets equipped with shelving and ventilation that is vented to the outside of the facility.</p> <p>Failure to allow chemicals to off gas through an outside vent can create an unsafe environment to staff and patients. Not providing shelving for chemicals increases the chance of chemical spills when stored on the floor.</p> <p>Findings:</p> <p>On 8/23/2016 between the hours of 10:00 AM and 11:30 AM surveyor #2 observed the following deficiencies related to housekeeping closets:</p> <ol style="list-style-type: none"> 1) The 3 West floor closet was used for storing housekeeping supplies (microfiber mop heads) on the floor, and the closet did not have any shelving units. 2) The 3 West floor housekeeping closet did not vent to the outdoors and was not equipped with shelves. 3) The 2 North floor housekeeping closet was not equipped with shelves. 4) On the 2 West floor Surveyor #2 observed 2 housekeeping carts in 2 separate closets. One closet was not vented to the outdoors, and neither closet had shelving. 	L 825		
L1480	322-220.3 MAINTAIN LAB WAC 246-322-220 Laboratory Services. The licensee shall: (3) Maintain each medical test site in the hospital in a safe, clean, and sanitary	L1480		

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If continuation sheet 8 of 13

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L1480	<p>Continued From Page 9</p> <p>condition.</p> <p>This WAC is not met as evidenced by:</p> <p>Based on observation the hospital failed to provide a sanitary environment for storing the centrifuge and medical supplies in the soiled utility room.</p> <p>Failure to provide a sanitary environment increases the risk of cross contamination, which places patients and staff at risk of illness.</p> <p>Findings:</p> <p>On 8/23/2016 between the hours of 10:30 AM and 11:00 AM Surveyor #2 observed in a Unit 3 North soiled utility room a centrifuge and medical supplies in a tote basket, in close proximity of garbage accumulation on the floor, a hopper and used bed alarm pads stored in the same area in the room.</p>	L1480		
L1485	<p>322-230.1 FOOD SERVICE REGS</p> <p>WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service;</p> <p>This WAC is not met as evidenced by:</p> <p>Based on observation, the hospital staff failed to implement policies and procedures consistent with the Washington State Retail Food Code, WAC 246-215.</p> <p>Failure to follow best food practices places patients, staff, and visitors at risk for foodborne illness.</p> <p>Findings:</p> <p>1. On 8/23/2016 between 11:00 AM and 11:40 AM</p>	L1485		

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L1485	<p>Continued From Page 10</p> <p>Surveyor #2 observed a container of pasta greater than 2 inches deep in the walk-in cooler. In cooling foods with depths greater than 2 inches staff must ensure that the foods are cooled within the required time frame as specified by Washington State Retail Food Code. The hospital did not document cooling times for the pasta.</p> <p>Reference: Washington State Retail Food Code WAC 246-215-03515</p> <p>2. On 8/23/2016 between 11:15 AM and 11:40 AM Surveyor #2 observed pre-wrapped sandwiches without ingredient labels in refrigeration on the 3 North floor. Foods packaged in the establishment must provide labeling information of the product per Washington State Retail Food Code.</p> <p>Reference: Washington State Retail Food Code WAC 246-215-03610</p> <p>3. On 8/23/2016 at 9:35 AM and on 8/24/2016 at 9:30 AM Surveyor #2 used a thin-stemmed thermometer to assess the temperature of a juice cup in the refrigerator on the 4th floor, which temped at 49.7 degrees Fahrenheit. The surveyor also temped a nutritional supplement drink in the refrigerator on the 2 West floor, which temped at 47.8 degrees Fahrenheit. Both items exceeded the above maximum cold-holding temperature of 41 degrees Fahrenheit.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-03625 (b)</p> <p>4. On 8/24/2016 between 10:00 AM and 11:00 AM Surveyor #2 observed an "Ocean Spray" juice dispenser with a clearing log attached to the side of the unit that indicated the unit was cleaned on 6/22/2016 and 8/10/2016. Inside the unit were displayed the manufacturer's instructions, which</p>	L1485		

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L1485	<p>Continued From Page 11</p> <p>defined a cleaning frequency of weekly. Washington State Retail Food Code also indicated to follow manufacturer's instruction for use.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-04605 5(d) (1)</p> <p>5. On 8/24/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 observed heavily caked on food debris inside the walls and ceiling of the microwave located on the 3 South floor. Cleaning frequency per Washington State Food Code is every 24 hours.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-04610 (2)</p>	L1485		
L1555	<p>322-240.2 LAUNDRY-SEPARATE AREAS</p> <p>WAC 246-322-240 Laundry. The licensee shall provide: (2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas; This WAC is not met as evidenced by:</p> <p>Based on observation the facility failed to provide ventilation in the soiled laundry utility closets as required in the 246-322-240 (WAC) Washington Administrative Code.</p> <p>Failure to provide ventilation in the soiled laundry closet increases environmental hazards that can be transmitted to patients and staff.</p> <p>Findings:</p> <p>On 08/23/2016 between the hours of 10:00 AM to 11:30 AM, Surveyor #2 observed no exhaust vents in soiled linen closets on the 3rd floor west unit</p>	L1555		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1555	Continued From Page 12 and the 4th floor geriatric unit. THIS IS A REPEAT VIOLATION	L1555		

By signing, I understand these findings and agree to correct as noted:

STATE FORM

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If continuation sheet 13 of 13